

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Defending Main Street SuperPAC Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00540203
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>FP1 Digital LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2016</b>
Mailing Address <b>PO Box 16504</b>		Amount <b>50000.00</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22302</b>
Purpose of Expenditure <b>Digital Ad/Production</b>	Category/Type	Transaction ID : <b>SE.4749</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>
Name of Federal Candidate <b>DENHAM, JEFF, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>10</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>121556.40</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FP1 Digital LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2016</b>
Mailing Address <b>PO Box 16504</b>		Amount <b>50000.00</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22302</b>
Purpose of Expenditure <b>Digital Ad/Production</b>	Category/Type	Transaction ID : <b>SE.4750</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>
Name of Federal Candidate <b>ROS-LEHTINEN, ILEANA THE HON., , ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>27</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>50000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>100000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Chamberlain, Sarah, , ,*

[Electronically Filed]

Date

 MM / DD / YYYY  
**11 / 02 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Defending Main Street SuperPAC Inc.</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00540203
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mentzer Media Services, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>		
Mailing Address 210 W. Pennsylvania Ave Ste 250			Amount <b>200000.00</b>		
City Towson	State MD	Zip Code 21204	Transaction ID : SE.4751		
Purpose of Expenditure TV Ad		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>		
Name of Federal Candidate Fitzpatrick, Brian, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>774858.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>200000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>300000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Chamberlain, Sarah, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 02 / 2016**

Signature